

Agency Revenue Source Report - FY15 Data
As Required by HB 831, 2015 Legislative Session

Agency Name Mississippi State Hospital

Budget Year 2017

State Support Sources
General Funds Amount Received
\$ 76,377,850.00

State Support Special Funds
Amount Received
Education Enhancement Funds
Health Care Expendable Funds \$ 3,051,244.00
Tobacco Control Funds
Capital Expense Funds
Budget Contingency Funds
Working Cash Stabilization Reserve Funds

Special Funds
Amount Received
Medicaid \$ 38,170,538.00
Medicare \$ 3,575,581.00
Grants and Other \$ 187,579.00

List all Federal Funds as its most specific level, such as an office or division, not the federal department.

Federal Funds
Mississippi State Hospital receives no Federal Funds.
Amount Received N/A
Action or results promised in order to receive funds N/A

Revenue from Tax, Fine or Fee Assessed
Private Pay Patient Fees
Amount Assessed \$ 3,842,000.00
Amount Collected \$ 3,842,000.00
Authority to Collect §41-4-7
Based on cost of adequate patient care and length of stay required for diagnosis, as well as patient's ability to pay.
Private pay billing following the month services are rendered
Method of Determining Assessment
Method of Collection
Amt. & Purpose for which Expended Amount \$ 3,842,000.00
Purpose To reimburse Mississippi State Hospital for services rendered in the treatment of and stay of patients not covered by a third party provider.
Amount Transferred to General Fund 0
Authority for Transfer to General Fund N/A
Amount Transferred to Another Entity 0
Authority for Transfer to Other Entity N/A
Name of Other Entity N/A
Fiscal Year-Ending Balance \$ -

Medical Record Photocopies
Amount Assessed \$ 18,983.00
Amount Collected \$ 18,983.00
Authority to Collect §25-61-7
Based on medical record requests from third parties and volume of requests
At the time medical record copies are requested
Method of Determining Assessment
Method of Collection
Amt. & Purpose for which Expended Amount \$ 18,983.00
Purpose To reimburse MSH for the actual cost of searching, reviewing, duplicating and method of delivery
Amount Transferred to General Fund 0
Authority for Transfer to General Fund N/A
Amount Transferred to Another Entity 0

Authority for Transfer to Other Entity	N/A
Name of Other Entity	N/A
Fiscal Year-Ending Balance	\$ -

P. O. Box Rental

Amount Assessed	\$ 18,947.00						
Amount Collected	\$ 18,947.00						
Authority to Collect	39 U.S. Code §404						
Method of Determining Assessment	Based on requests made by general public for post office boxes and by volume						
Method of Collection	At the time of post office box rental						
Amt. & Purpose for which Expended Amount	<table border="1"> <tr> <td colspan="2">Purpose</td> </tr> <tr> <td>\$</td> <td>18,947.00</td> </tr> <tr> <td colspan="2">To cover the cost of maintaining and developing postal services to meet the need of Mississippi State Hospital</td> </tr> </table>	Purpose		\$	18,947.00	To cover the cost of maintaining and developing postal services to meet the need of Mississippi State Hospital	
Purpose							
\$	18,947.00						
To cover the cost of maintaining and developing postal services to meet the need of Mississippi State Hospital							

Amount Transferred to General Fund	0
Authority for Transfer to General Fund	N/A
Amount Transferred to Another Entity	0
Authority for Transfer to Other Entity	N/A
Name of Other Entity	N/A
Fiscal Year-Ending Balance	\$ -

Employee Physical Fees

Amount Assessed	\$ 22,460.00						
Amount Collected	\$ 22,460.00						
Authority to Collect	§41-4-7						
Method of Determining Assessment	Based on employee turnover, new hires, and volume of requests for employee physicals						
Method of Collection	At the time of hire						
Amt. & Purpose for which Expended Amount	<table border="1"> <tr> <td colspan="2">Purpose</td> </tr> <tr> <td>\$</td> <td>22,460.00</td> </tr> <tr> <td colspan="2">To reimburse Mississippi State Hospital for services rendered in performing employee physicals</td> </tr> </table>	Purpose		\$	22,460.00	To reimburse Mississippi State Hospital for services rendered in performing employee physicals	
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\$	22,460.00						
To reimburse Mississippi State Hospital for services rendered in performing employee physicals							

Amount Transferred to General Fund	0
Authority for Transfer to General Fund	N/A
Amount Transferred to Another Entity	0
Authority for Transfer to Other Entity	N/A
Name of Other Entity	N/A
Fiscal Year-Ending Balance	\$ -

Employee Vaccination Fees

Amount Assessed	\$ 1,850.00						
Amount Collected	\$ 1,850.00						
Authority to Collect	§41-4-7						
Method of Determining Assessment	Based on employee turnover, new hires and the volume of requests for employee vaccinations						
Method of Collection	At the time of hire (or annually as needed)						
Amt. & Purpose for which Expended Amount	<table border="1"> <tr> <td colspan="2">Purpose</td> </tr> <tr> <td>\$</td> <td>1,850.00</td> </tr> <tr> <td colspan="2">To reimburse Mississippi State Hospital for the cost of the vaccination and the services rendered in administering the vaccination to the employee</td> </tr> </table>	Purpose		\$	1,850.00	To reimburse Mississippi State Hospital for the cost of the vaccination and the services rendered in administering the vaccination to the employee	
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Amount Transferred to General Fund	0
Authority for Transfer to General Fund	N/A
Amount Transferred to Another Entity	0
Authority for Transfer to Other Entity	N/A
Name of Other Entity	N/A
Fiscal Year-Ending Balance	\$ -